

1900 K STREET, N.W. WASHINGTON, D.C. 20 TEL 202 • 955 • 1500 FAX 202 • 778 • 2201

August 13, 2002

In re Patent Application of:

Attorney Docket No.:

60117.000006

Jens PETERSEN

Application No.: 09/938,667 Group Art Unit: 1615

Filed: August 27, 2001

Examiner:

Blessing M. FUBARA

Title: POLYACRYLAMIDE HYDROGEL FOR THE TREATMENT OF INCONTINENCE

AND VESICOURETAL REFLUX

Director of the United States Patent and Trademark Office Washington, DC 20231

Transmitted herewith is an amendment in the above-identified application. Fees have been calculated as shown below:

| CLAIMS AS AMENDED                               |                           |                        |           |              |              |            |  |
|---|---------------------------|------------------------|-----------|--------------|--------------|------------|--|
|   | Claims                    | Highest Number         |           | Rate         |              |            |  |
|   | Remaining After Amendment | Previously Paid<br>For | Extra     | Large Entity | Small Entity | Amount     |  |
| Number of Claims in Excess of 20                | 82                        | 33                     | 49        | \$ 18.00     | \$ 9.00      | \$ 882.00  |  |
| Independent Claims in Excess of 3               | 0                         | 3                      | 0         | \$ 84.00     | \$ 42.00     | \$ 0.00    |  |
| First Presentation of Multiple Dependent Claims |                           |                        |           | \$ 280.00    | \$ 140.00    | \$ 0.00    |  |
| Extension Fee: a) One Month                     |                           |                        |           | \$ 110.00    | \$ 55.00     | \$ 0.00    |  |
| b) Two Montl                                    | hs                        |                        |           | \$ 400.00    | \$ 200.00    | \$400.00   |  |
| c) Three Months                                 |                           |                        | \$ 920.00 | \$ 460.00    | \$ 0.00      |            |  |
| d) Four Month                                   | ns                        |                        |           | \$1440.00    | \$ 720.00    | \$ 0.00    |  |
| e) Five Month                                   | S                         |                        |           | \$1960.00    | \$ 980.00    | \$ 0.00    |  |
| Other:  |                           |                        |           |              |              | \$ 0.00    |  |
| TOTAL FEE DUE                                   |                           |                        |           |              |              | \$1,282.00 |  |

|             | No additional fee is required.  |
|-------------|---|
| $\boxtimes$ | A check in the amount of \$ 1,282.00 is attached.                                   |
|             | Charge \$ to Deposit Account No. 50-0206.   |
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Respectfully submitted,

By:

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